

Michigan

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State CARE Act Program Profile

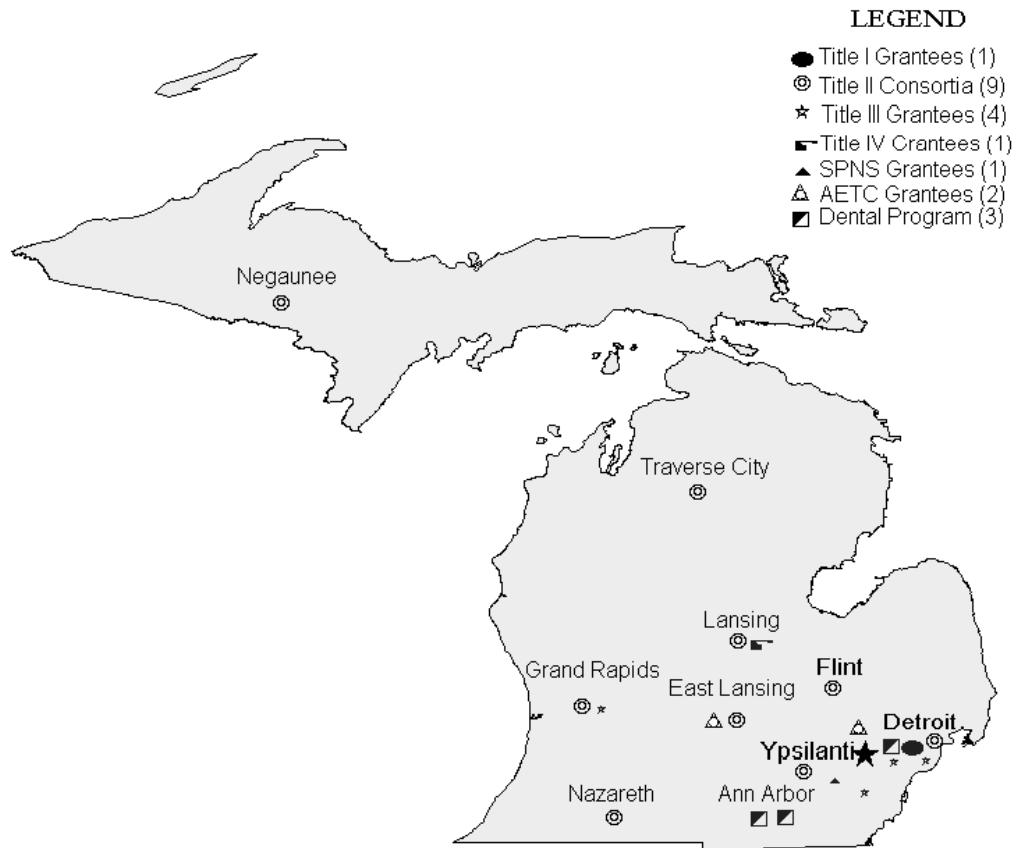
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$4,405,380	\$6,087,121	\$5,628,350	\$16,120,851
Title II (including ADAP)	\$3,897,084	\$5,814,246	\$7,690,514	\$17,401,844
ADAP	(\$792,821)	(\$2,408,285)	(\$4,157,347)	(\$7,358,453)
Title III	\$1,275,830	\$1,577,979	\$1,778,126	\$4,631,935
Title IV	\$455,000	\$800,000	\$871,042	\$2,126,042
SPNS	\$830,575	\$863,609	\$887,658	\$2,581,842
AETC	\$241,634	\$348,195	\$348,195	\$938,024
Dental	\$81,265	\$60,012	\$119,635	\$260,912
Total	\$11,186,768	\$15,551,162	\$17,323,520	\$44,061,450

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

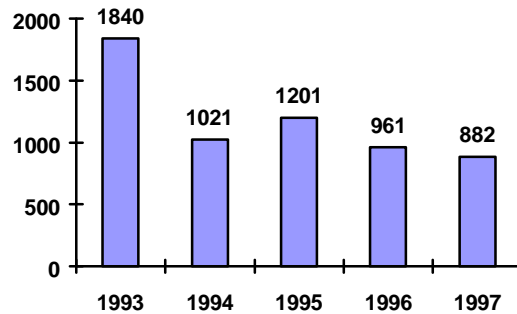
	1996	1997	1998
Title I	1	1	1
Title III	4	4	4
Title IV	1	1	1
SPNS	1	1	1
AETC (grantee or subcontractor)	2	2	2
Dental	2	3	3

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Michigan (Pop. 9,773,892)

- ▶ Persons reported to be living with AIDS through 1997: 3,589
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 3,603
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated April 1992)
- ▶ State AIDS Cases (cumulative) since 1993: 5,905 (2% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	79%	78%
Women (13 years and up):	21%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	98%	98%

	State-Specific Data	National Data
White:	38%	33%
African American:	59%	45%
Hispanic:	3%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	42%	35%
Injecting drug user (IDU):	22%	24%
Men who have sex with men and inject drugs (MSM/IDU):	5%	4%
Heterosexual contact:	11%	13%
Other, unknown or not reported:	20%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	208.0	194.5
Gonorrhea (1996)	158.4	124.0
Syphilis (1996)	1.9	4.3
TB (1997)	3.8	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** health insurance; dental care; medical care; housing; and substance abuse treatment
- ▶ **Emerging Needs:** services for women and African Americans; access to new therapies, lab tests and adherence support; multiple diagnosis issues; and employment services

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	52% FPL

*Income eligibility for State's ADAP program is 362% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

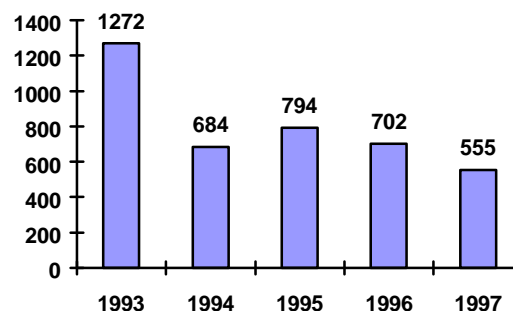
1915(b) waiver(s): Yes

Title I: Detroit (Pop. 4,266,650)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Lapeer, Macomb, Monroe, Oakland, St. Clair, Wayne Counties and the City of Detroit
- ▶ Estimated number of people living with AIDS at the end of 1997: 2,765
- ▶ AIDS Cases (cumulative) since 1993: 4,007 (68% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	76%	79%	78%
Women (13 years and up):	24%	21%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	2%	2%
20+ years old:	99%	98%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	26%	38%	33%
African American:	72%	59%	45%
Hispanic:	2%	3%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	42%	42%	35%
Injecting drug user (IDU):	25%	22%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	5%	4%
Heterosexual contact:	11%	11%	13%
Other, unknown or not reported: (Adults only)	19%	20%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,620,159	\$2,939,384	\$3,008,164	\$8,567,707
Supplemental	\$1,785,221	\$3,147,737	\$2,620,186	\$7,553,144
Total	\$4,405,380	\$6,087,121	\$5,628,350	\$16,120,851

Allocation of Funds

	1998
Health Care Services	\$1,520,340/27%
Medications	\$324,660/6%
Case Management	\$1,997,721/35%
Support Services	\$1,162,517/21%
Administration, Planning and Program Support	\$623,112/11%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 49
- ▶ PLWH on planning council: 17 (35%)

Gender of Planning Council Members

Men:	63%
Women:	37%

Race/Ethnicity of Planning Council Members

White:	41%
African American:	55%
Hispanic:	2%
Asian/Pacific Islander:	2%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	9,050
Men:	71%
Women:	29%

<13 years old:	2%
13-19 years old:	1%
20+ years old:	95%
Other, unknown or not reported:	2%

White:	23%
African American:	73%
Hispanic:	2%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	42%
Injecting drug user (IDU):	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	22%
Other, unknown or not reported:	9%

► Improved Patient Access

- In 1996, the total aggregate number of clients who accessed Title I-funded primary health care services, (i.e., the sum of unduplicated counts reported by these providers), increased by 39% over the previous year. In that same period, the number of reported office-based medical visits increased by 26%, from 4,959 visits in 1995 to 6,251 visits in 1996.

- The EMA expanded access to HIV services in FY 1997 by: 1) offering extended hours for primary care services and transportation to those services after 5 p.m. and on weekends; 2) increasing the number of scheduled same-day appointments for clients; and 3) providing a case-managed telephone-coverage service, that is staffed by registered nurses between 5:00 p.m. and 9:00 a.m. on weekdays and on a 24-hour basis on weekends.
- The Title I program established an outreach triage system to provide advocacy services for persons newly diagnosed with HIV infection, enabling them to receive services immediately after being notified and counseled about their HIV seropositivity diagnoses.

▶ **Improved Patient Outcomes**

- The gap between inpatient hospitalization and outpatient clinic follow up, was bridged through the use of a nurse case manager. As a result, the compliance rate for scheduled outpatient clinic follow-up appointments now exceeds 85%.
- The grantee also reported that: 1) the incidence of wasting syndrome had decreased through the provision of nutritional supplements; and 2) early detection and diagnosis of oral opportunistic infections has allowed for early treatment, thereby reducing client morbidity.

▶ **Cost Savings**

- Centralized funding for substance abuse treatment by a single provider, who manages the care for triple-diagnosed persons (HIV infection, opiate-dependence, and mental illness) at one site and coordinates this care with primary care, has reduced overall costs.
- The grantee used administrative funds to begin upgrading computer information systems for a universal case management database for all CARE Act-funded case management services, resulting in lower costs than if developed and implemented separately.
- The Title I program increased utilization of volunteer-based programs for buddy and companion-type activities and transportation, resulting in cost savings related to staffing needs.
- By increasing collaboration with HOPWA, the Title I program lowered costs by decreasing use of CARE Act programs for home health and personal care services. Patients were able to remain in their homes rather than using hospice or other long-term care facilities.

▶ **Other Accomplishments**

- Psychosocial intake and assessment were provided to triple-diagnosed persons (HIV, psychiatric disorder, and drug addiction), along with the following services as appropriate: 1) individual and group counseling; 2) cognitive, behavioral and insight-oriented psychotherapy; 3) psychotropic management; 4) pharmacological substitution therapy with on-site dispensing if at least one daily dose of psychotropic medication; and 5) health care for medical problems associated with drug addiction treatment.
- The Title I program facilitated the provision of individual therapeutic counseling by a licensed mental health professional to African American MSM who participate in Men of Color support group activities.

Title II: Michigan

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$3,897,084	\$5,814,246	\$7,690,514	\$17,401,844
ADAP (included in Title II grant)	(\$792,821)	(\$2,408,285)	(\$4,157,347)	(\$7,358,453)
Minimum Required State Match	\$1,948,542	\$2,907,123	\$3,845,257	\$8,700,922

Allocation of Funds

	1998
Health Care (State Administered)	\$4,157,347/54%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$4,157,347)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$2,561,734/33%
Health Care*	(\$311,758)
ADAP/Treatment	(\$0)
Case Management	(\$1,798,808)
Support Services**	(\$451,168)
Administration, Planning and Evaluation (Total State/Consortia)	\$971,433/13%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 9

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Community AIDS Council Of West Central Michigan	Grand Rapids	Ionia, Kent, Lake, Manistee, Mason, Mecosta, Muskegon, Newaygo, Oceana, and Ottawa Counties	\$404,992
Greater Lansing HIV/AIDS Community Consortium	East Lansing	Clinton, Gratiot, Ingham, and Montcalm Counties	\$217,500
HIV/AIDS Partnership North	Traverse City	Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemas, Osceola, Oscoda, Ostego, Presque Isle, Roscommon, and Wexford Counties	\$167,500
Region 6 HIV Care Consortium	Flint	Bay, Genesee, Huron, Lapeer, Midland, Sanilac, Saginaw, Shiawassee, and Tuscola Counties	\$260,000
Region Two AIDS Consortium	Ypsilanti	Jackson, Lenawee, Livingston, and Washtenaw Counties	\$215,000
Southeastern Michigan HIV/AIDS Council	Detroit	Macomb, Monroe, Oakland, St. Clair, and Wayne Counties	\$950,000
Southwest Michigan HIV Network	Nazareth	Allegan, Barry, Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Kalamazoo, St. Joseph, and Van Buren Counties	\$283,555
Statewide HIV/AIDS Care Council	Lansing	Statewide	\$37,209
Super Yooper Care Consortium	Negaunee	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties	\$98,500

Accomplishments

Clients Served, FY 1996:	6,620
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Men:	75%
Women:	24%

<13 years old:	2%
13-19 years old:	1%
20+ years old:	96%
Other, unknown or not reported:	2%

White:	41%
African American:	53%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	47%
Injecting drug user (IDU):	18%
Men who have sex with men and inject drugs (MSM/IDU):	4%
Heterosexual contact:	22%
Other, unknown or not reported:	9%

► **Improved Patient Access**

- The number of clients accessing medications through ADAP grew from 380 in 1996 to 550 in 1998, a 45% increase. Monthly utilization went from 176 clients to 380 in the same period, representing a 116% increase.
- Between 1996 and 1997, Michigan expanded the ADAP formulary to include new treatments, including protease inhibitors, for a total of 24 covered drugs.

► **Improved Patient Outcomes**

- A drug utilization review was initiated in 1998 to track adherence to the PHS Clinical Practice Guidelines.
- A Drug Adherence Work Group was formed in 1997 to look at the problems facing clients with respect to adherence to drug regimens. The work group is focusing on producing a video for physicians to share with clients regarding the importance of taking these life-sustaining drugs at the proper dosages and at the proper times. They have also developed a two-page fact sheet that helps clients to identify what their pills look like and develop a schedule for taking their medications, answers commonly asked questions, and gives helpful hints to help clients stay on their drug regimens.

▶ **Cost Savings**

- The grantee negotiated voluntary manufacturers' rebates from pharmaceutical companies, beginning in 1995-96.

▶ **Other Accomplishments**

- A client-level, uniform reporting system, established in late 1994 as a HRSA demonstration project, has been implemented statewide with all 63 Title II providers. The providers are now able to produce quarterly, unduplicated reports on client and service utilization data.
- The State coordinated with regional consortia to complete an objective review of 19 Title II-funded case management providers in 1997. Ninety percent of these providers had achieved appropriate or significant progress towards full compliance with statewide standards of care.
- Critical decisions regarding the ADAP formulary, eligibility criteria, and clinical guidelines are made with advice provided by the ADAP Formulary Committee, which includes an open membership of Health Department staff, PLWH, physicians, pharmacists, and case managers, who meet quarterly or more often when needed. The committee also advises on clinical practice guidelines and discusses the efficacy of newly approved drugs, and the costs and potential effects on the ADAP budget when making recommendations to expand the formulary.

AIDS Drug Assistance Program (ADAP): Michigan

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$947,458	\$2,562,921	\$4,157,347	\$7,667,726
State Funds	\$0	\$0	\$0	\$0
Other: Title I	\$400,000	\$300,000	\$384,000	\$1,084,000
Total	\$1,347,458	\$2,862,921	\$4,541,347	\$8,751,726

Program

- ▶ Administrative Agency: Dept. of Public Health
- ▶ Formulary: 27 drugs, 5 protease inhibitors, 9 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The Formulary Committee includes PLWH. The committee is responsible for making recommendations to MDCH on the DAP formulary, eligibility criteria, and coverage.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	550
Number using ADAP each month:	380
Percent of clients on protease inhibitors:	90%
Percent of active clients below 200% FPL:	80%

Client Profile, FY 1996

Men:	89%
Women:	11%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	61%
African American:	34%
Hispanic:	5%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Michigan

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	4	4	4	
Total Title III funding in State	\$1,275,830	\$1,577,979	\$1,778,126	\$4,631,935

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 3 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and counseling and testing services by State's Title III-funded programs: 1,892
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 1,579
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 366
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 34%
 - ▶ from 200 to 499: 33%
 - ▶ above 500: 34%

Accomplishments

Clients served (primary care only), 1996:	1,579
Men:	73%
Women:	27%
<13 years old:	0%
13-19 years old:	1%
20+ years old:	99%

White:	33%
African American:	63%
Hispanic:	3%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	36%
Injecting drug user (IDU):	15%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Hemophilia/coagulation disorder:	0%
Heterosexual contact:	20%
Receipt of blood transfusion, blood components, or tissue:	1%
Other, unknown or not reported:	25%

► **Improved Patient Access**

- In 1997, almost 300 new clients were enrolled in the HIV early intervention program at the Wayne State University-Detroit Medical Center HIV/AIDS Program. In the first seven months of 1998, 230 new clients were enrolled. As of July 1998, the various sites have served 1,922 clients.
- In 1997, the Detroit Community Health Connection reported serving over 700 active clients, representing a 73% increase from 1996.
- Two sites of Detroit Community Health Connection significantly expanded the hours of operation, including evening and weekend appointments at one site. The grantee expanded services to include a full-time nutritional counselor, substance abuse services, and additional case management and outreach staff.
- The grantee enrolls an average of 10 new clients a month in the HIV early intervention program at the St. Mary's McAuley Health Center.
- St. Mary's McAuley Health Center provided counseling and testing to 1,378 individuals in 1995 and to 1,593 in 1996, an increase of 16%. Outreach was provided to 10,590 individuals in 1995 and 13,489 in 1996, an increase of 27%.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Detroit Community Health Connection	Detroit		Community and Migrant (329/330) Health Center
Regents of the Univeristy of Michigan	Ann Arbor	9 Counties	Hospital/University-based Medical Center
St. Mary's McAuley Health Center	Grand Rapids	10 Counties	Non-329/330/340 Health Center
Wayne State University, School of Medicine	Detroit	Wayne, Oakland, Macomb, Lapeer, St Clair, and Monroe Counties	Hospital/University-based Medical Center

Title IV: Michigan

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	1	1	1	
Total Title IV Funding	\$455,000	\$800,000	\$871,042	\$2,126,042

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	3%
Women with children:	18%
Adolescents/young adults:	11%
Children:	11%
Infants:	4%
Clients with AIDS/HIV Infection:	54%

Accomplishments

All clients served, 1996:	1,214
Men:	6%
Women:	94%
(Adolescents and adults only)	

<13 years old:	14%
13-19 years old:	11%
20+ years old:	75%

White:	9%
African American:	69%
Hispanic:	1%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	21%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	0%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	4%
Receipt of blood transfusion, blood components, or tissue:	0%
Pediatric Exposure:	0%
Other, unknown or not reported:	96%

► **Improved Patient Access**

- The broad Title IV network provides care to approximately 90% of the medically underserved PLWH residing in southeast Michigan.
- The grantee enrolled more than 200 Title IV clients in clinical research in 1997.
- To reduce barriers to care and facilitate access, the grantee has made family advocate services available in the pediatric, adolescent, prenatal, and adult clinics.
- To better serve families with intensive case-management needs, the grantee established the Family Connect program as an integral component of the Michigan Department of Community Health's Title IV program.

► **Improved Patient Outcomes**

- Through the provision of emotional support and mentoring to adolescents, the youth peer educator has helped to increase adherence with treatment regimens and clinic appointments and to maintain clients in care.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Michigan Department of Community Health	Lansing	Statewide	Health Department

Special Programs of National Significance (SPNS): Michigan

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$830,575	\$863,609	\$887,658	\$2,581,842

Project Descriptions

► Well-Being Institute

Location: Detroit

Project period: 10/94 - 9/99

Population Served: HIV-infected women who are substance users

Description of Services: This comprehensive intervention program improves access to care for underserved HIV-positive woman substance abusers, 80% of whom also have serious mental illness, and 98% of whom are African-American. A key element of this project is the concept of 'hyperlinking,' based on the Internet term meaning to provide fast and direct access to needed services. Institute staff use special contacts and privileges to link women to appropriate health-care and ancillary services, allowing them to bypass cumbersome or technically complex admitting procedures. Transportation is one of the many strategies used to connect with women and engage them in care. Trained drivers from the clients' community are able to gain women's trust and facilitate their access to primary care, substance abuse treatment, mental health services, and housing.

Project Highlights

- The Well-Being Institute has developed a comprehensive service model to reach a population that otherwise would not have access to health-care services.
- Part of the service model has involved the development of personal program plans for the Institute's multiply diagnosed clients. Based on individual priorities, the plans link clients with HIV counseling and case management, transportation, group counseling, mental health, and substance abuse services.
- The project has provided more than 4,500 rides to women who need transportation to medical appointments. An extensive data collection effort documents the significance of the transportation component to the overall success of outreach and intervention, including the correlation between transportation and improved mental health.

- The project has served an average of 37 clients a month, 16% more than expected. It has recruited and tested 53 women through street outreach efforts, 70% of whom followed through with post-test HIV counseling.
- Communication materials developed by the Well-Being Institute have increased organizational responsiveness to client needs. The project has also shared data and learning outcomes with local agencies and collaborated with them to produce Michigan's Coordinated Statement of Need.

AIDS Education and Training Centers: Michigan

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Great Lakes to Tennessee Valley AETC
- ▶ States Served: Kentucky, Michigan, Ohio, Tennessee
- ▶ Primary Grantee: Wayne State University, Detroit, MI
- ▶ Subcontractors in State: Michigan State University - East Lansing

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$241,634	\$348,195	\$348,195	\$938,024

Training Highlights from FY 1997

- The AETC conducts HIV Mini Fellowships for Physicians, a one-week program of intensive training in prevention and care of HIV infection and its complications. The program includes small group lectures and discussions, interactive sessions and supervised patient care experiences. Participants gain experience in inpatient care by accompanying faculty on rounds. Outpatient care experiences involve seeing patients under the immediate supervision of faculty.
- The AETC's Case Management Certification Training Program involves four days of training and a certification examination. Topics covered include: medical update information; case assessment and care plan development, adherence, psychosocial issues, substance abuse and double and triple diagnosis, benefits, confidentiality and legal issues, partner notification, and prevention case management.
- Brown Bag Seminars are offered periodically for CARE Act-funded and other service agencies in the Cleveland area by the Ohio performance site. The one-to two-hour programs are offered during lunch hour to allow interested health care professionals to learn more about HIV care and prevention. Topics have included: quality of life issues for people living with HIV; post-exposure prophylaxis guidelines, people living with HIV-infection and substance abuse; viral load and new therapies; and HIV risk for African Americans.

- A Train-the-Trainer Program is conducted by the Kentucky performance site. The three-day training covers a variety of topics including: training techniques; legal and ethical issues; HIV diagnosis, progression, and transmission risk assessment; PHS treatment guidelines; managed care and its impact; adherence and post-exposure prophylaxis. Participants are certified through state health departments to provide two to four hours of HIV training in their facilities and communities and are provided training materials. They are required to attend a one-day update every two years.
- The Tennessee performance site's program, "Corrections and HIV/AIDS Issues" targets health care providers in the corrections system. Topics include: medical management of asymptomatic and early HIV disease; HIV and substance abuse; and the clinical manifestations and psychosocial issues of HIV.

HIV/AIDS Dental Reimbursement Program: Michigan

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	2	3	3	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$81,265	\$60,012	\$119,635	\$260,912

Accomplishments

Est. clients served, 1996:	636
Men:	71%
Women:	29%
<13 years old:	0%
13-19 years old:	7%
20+ years old:	93%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Ann Arbor V.A. Medical Center	Ann Arbor
University of Detroit	Detroit
University of Michigan	Ann Arbor